

PROVIDER REQUEST FOR CHILDHOOD VACCINE SEASONAL INFLUENZA VACCINE 2013-2014

Fax Completed Request To:

Public Health – Seattle & King County

401 Fifth Ave, 9th floor

Seattle WA 98104

Telephone (206) 296-4774

Fax (206) 205-5780



Provider PIN#

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CLINIC NAME:				DATE ORDERED:	
SHIPPING ADDRESS:				Check If Any Shipping Changes <input type="checkbox"/>	
CITY:		ZIP:		CONTACT:	
TELEPHONE: ()			FAX: ()		
DELIVERY TIMES: Please specify all days and hours your clinic is available to receive vaccine. (e.g., 9AM-3PM)		<input type="checkbox"/> Monday AM _____ to _____ PM _____		<input type="checkbox"/> Tuesday AM _____ to _____ PM _____	
		<input type="checkbox"/> Wednesday AM _____ to _____ PM _____		<input type="checkbox"/> Thursday AM _____ to _____ PM _____	
		<input type="checkbox"/> Friday AM _____ to _____ PM _____			
Special Shipping Instructions (e.g., Closed for lunch 12-1):					
Vaccine Description / Guidelines for Use			MUST COMPLETE ALL FIELDS BELOW**		
			Doses Used Last Month	Doses On Hand	Minimum Order (Doses)
Fluzone® - sanofi-pasteur - 6 months of age up to the 3 rd birthday Preservative free, 10x1 single dose pre-filled syringe (0.25mL) - Trivalent					10
Fluzone® - sanofi-pasteur - 3 years of age up to the 19 th birthday Multi-dose vial (5.0mL) - Trivalent					10
FluMist® - MedImmune - 2 years of age up to the 19 th birthday Preservative Free, 10x1 single dose intranasal spray (0.2mL) - Quadrivalent					10
Fluarix® - GlaxoSmithKline - 3 years of age up to the 19 th birthday* Preservative Free, 10x1 single dose syringe (0.5mL) - Quadrivalent <u>*Prioritize the use of this vaccine for pregnant adolescents. Providers may use the vaccine for children less than 19 years old within the vaccine's licensure.</u>					10

**Doses used last month and doses on hand for each vaccine, including vaccines not ordered, are required with every order

For more information, see Immunization Guidelines for the Use of State-Supplied Vaccines at:

http://www.doh.wa.gov/Portals/1/Documents/Pubs/348-123_ImmunizationGuidelinesUseStateSuppliedVaccine.pdf

Manufacturer Quality Control Office Telephone Numbers:

- sanofi pasteur, 800-822-2463, www.sanofipasteur.us
- MedImmune, 877-358-6478, www.medimmune.com
- GlaxoSmithKline, 866-475-8222, www.gskvaccines.com

LHJ Use Only			DOH Use Only	
Order Number: _____	Order Entered / Approved By: _____	Order Entry Date: _____		